

October 28, 2004

David Martinez
TWCC Medical Dispute Resolution
MS-48
7551 Metro Center Drive, Suite 100
Austin, TX 78744-1609

Patient:

TWCC #:

MDR Tracking #:

IRO #:

M2-05-0186-01

5251

Ziroc has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to Ziroc for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

Ziroc has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Medical Doctor specialized in occupational medicine. The reviewer is on the TWCC Approved Doctor List (ADL). The Ziroc health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Ziroc for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

RECORDS REVIEWED

1. TWCC form entitled Table of Disputed Services. In dispute is the purchase of an RS4i sequential four-channel combination interferential and muscle stimulator.
2. Notes from Dr. F regarding ___ and the use of the interferential and muscle stimulator dated 05/21/04 and 07/20/04. There is also a letter from Dr. F dated 07/14/04.
3. Recent usage report from RxS Medical with the dates reported being 05/29/04, 06/03/04, and 07/01/04. However, this information does not have any comments about ___' complaints or whether there was any improvement.
4. Prescription from RxS Medical dated 07/20/04 and signed by Dr. F requesting indefinite use of the interferential and muscle stimulator.
5. Reports from Bunch & Associates, Inc., dated 07/30/04 and 08/16/04. These notifications are for non-authorization of the purchase of the RS4i interferential and muscle stimulator for the left shoulder.
6. Notice of Utilization Review Findings from Forte dated 07/30/04. This also recommends non-authorization of the purchase of the RS4i sequential four-channel combination interferential and muscle stimulator.

7. Letter from RxS Medical dated 08/04/04 showing peer reviewed medical studies indicating the effects of the interferential and muscle stimulator for shoulder injuries and chronic pain.

CLINICAL HISTORY

There is no medical information for a brief clinical history. However, Dr. F's letter of 07/14/04 shows the diagnosis of joint pain of shoulder with muscle spasms. The Notice of Utilization Review Findings by Forte on 07/30/04 shows that the reviewer mentions that the reduction in pain complaints occurred after trigger point injections. There was no documentation that supported that the RS4i stimulator was responsible for reduction of the pain complaints that the natural history of the work injury, along with physical therapy, would not resolve.

REQUESTED SERVICE

The purchase of an RS4i interferential and muscle stimulator is requested for this patient.

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

There is no medical documentation whatsoever, including progress notes and physical therapy notes, to document ____' injury complaints, physical examination findings, and progress with the treatment rendered, including the RS4i sequential four-channel combination interferential and muscle stimulator. Even though Dr. F did sign a letter dated 07/14/04, this letter in itself is not documentation of this patient's clinical course.

Therefore, because there is no medical documentation submitted for this independent review, the reviewer finds no documentation to support the medical necessity for the proposed purchase of the RS4i sequential four-channel combination interferential and muscle stimulator.

Ziroc has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Ziroc has made no determinations regarding benefits available under the injured employee's policy.

As an officer of ZRC Services, Inc, dba Ziroc, I certify that there is no known conflict between the reviewer, Ziroc and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Ziroc is forwarding by mail and, in the case of time sensitive matters by facsimile, a copy of this finding to the treating doctor, payor and/or URA, patient and the TWCC.

Sincerely,

President/CEO

YOUR RIGHT TO REQUEST A HEARING

Either party to medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings / Appeals Clerk
P.O. Box 17787
Austin, Texas 78744
Fax: 512-804-4011

The party appealing this decision shall deliver a copy of its written request for a hearing to other party involved in this dispute.

President/CEO

I hereby certify, in accordance with TWCC Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, claimant (and/or the claimant's representative) and the TWCC via facsimile, U.S. Postal Service or both on this 28th day of October, 2004.

Signature of Ziroc Representative:

Name of Ziroc Representative: